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**Television exposure, consumer culture values,
and lower well-being among preadolescent children: The mediating role of consumer-
focused coping strategies**

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Abstract

Previous research has linked materialism to lower well-being in children, and recent findings suggest that this link is heightened among those exposed to high levels of advertising. One proposal is that children may be pursuing consumer culture ideals – orienting to material possessions and physical appearance – as a maladaptive coping strategy for dealing with underlying distress. The present work offers the first direct evaluation of this theoretically plausible hypothesis. In Study 1, higher scores on our measure of consumer-focused coping not only predicted lower well-being in a sample of 109 9- to 11-year-olds, but also served as mediator in the indirect link between the number of hours spent watching television and lower well-being. Study 2 tested our expanded model of these processes in a sample of 380 9- to 11-year-olds. Specifically, structural equation modelling revealed that frequency of watching commercial (advertising-rich) television in particular predicted greater consumer-focused coping. This in turn, predicted greater endorsement of consumer culture ideals, which then predicted lower well-being. Implications for theoretical models and educational interventions are discussed.

Media exposure, consumer culture values,
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coping strategies

There is now a well-established body of evidence linking consumer culture ideals (CCIs) regarding materialism and physical appearance to lower well-being in adults (Dittmar, 2008; Dittmar, Bond, Hurst, & Kasser, 2014; Kasser, 2002), and these same associations have been observed among children (e.g. Easterbrook, Wright, Dittmar & Banerjee, 2014). One major concern is that exposure to media, particularly commercial media rich in advertising, could encourage children to believe that pursuing CCIs (i.e. buying or focusing on material possessions or appearance-related products) is helpful for enhancing well-being, self-esteem and popularity (Goldberg, Gorn, Peracchio, & Bamossy, 2003; John, 1999; Oprea, Buijzen, & Valkenburg, 2012). Indeed, children's exposure to advertising has been associated with greater endorsement of CCIs over time (Oprea, Buijzen, van Reijmersdal & Valkenburg, 2014). The commercial world frequently promotes material possessions and enhancement of physical appearance as a viable way to compensate for social and emotional difficulties (Richins, 1991, 1995); yet it remains unclear whether children use this 'knowledge' and turn to possessions or focus on their appearance in times of need as a coping mechanism. The present study is novel in measuring children's reported use of consumer focused coping strategies (i.e., the extent to which they focus on material goods and their appearance to improve mood). It thus offers a first test of the hypothesis that media exposure, particularly to commercial television high in advertising content, is associated with coping strategies focused on consumer culture, and that this is – counterproductively – associated with lower rather than higher well-being in children.

CCIs, Advertising, and Wellbeing

Adults and increasingly, children, are now the target of an unprecedented amount of corporate marketing (AA/Warc Expenditure report, 2017). This is disconcerting when considering children's engagement with media, with Ofcom reporting that 8-11 year-olds in the UK spend at least 13 hours per week on average watching television, and 13-and-a-half hours surfing the internet (Ofcom, 2018). Out of 15 nations within Europe, 11 consider advertising aimed at minors to be harmful (PPU.org.uk, 2010), and countries such as Sweden and Norway have even banned advertising to under-12s altogether. However, in the UK, restrictions governing the volume of commercials within media targeted at children remains somewhat partial and vague (DLA piper, 2016) and there is no doubt that children in the UK can and do encounter a great deal of advertising that could potentially influence their materialistic orientations.

The APA Task Force on Advertising and Children (Wilcox, Kunkel, Cantor, Dowrick, Linn, & Palmer, 2004) not only raised questions about limitations in young children's cognitive resources for distinguishing between advertising and other content, but also pointed specifically to the potential impact of advertising on materialistic values. Direct evidence for this has more recently been offered by Oprea and colleagues (2014), whose longitudinal analysis revealed that children aged between 8 and 11, who were frequently exposed to television advertising, were more likely to endorse CCIs after one year. This effect was fully mediated by children's increased desire for advertised products. Similar patterns can be found with respect to media exposure and orientation to physical appearance: an extensive body of correlational and experimental work suggests that exposure to media is associated with greater internalisation of thin-body ideals in women and children (see meta-analyses by Grabe, Ward, & Hyde, 2008; Holland & Tiggemann, 2016), and internalisation of lean and muscular body ideals in men and boys too (De Jesus et al., 2015; Slater & Tiggemann, 2014). Such associations are entirely compatible with theoretical assumptions

about the development of values, insofar as sociocultural factors are understood to play a major role in the emergence of beliefs and attitudes about what is important to children (e.g., Bugental & Grusec, 2006).

Much of the evidence in this area demonstrates that these associations between media exposure and the internalisation of materialistic and appearance-related ideals are problematic. Higher levels of media exposure have been connected with lower well-being (e.g., lower life satisfaction and greater body-dissatisfaction), and internalisation of consumer culture ideals appears to be a major mediating factor in these associations (Dittmar, 2009; Shrum, Lee, Burroughs, & Rindfleisch, 2011). Other research has specifically linked advertising to life dissatisfaction and feelings of disappointment in children (Buijzen & Valkenburg, 2003; Oprea, Buijzen, & Reijmersdal, 2016).

These links are not surprising when we examine exposure to material and physical ideals in the light of major conceptual frameworks regarding self and motivation. Taking the perspective of self-discrepancy theory (Higgins, 1987), for example, advertising can encourage unfavourable social comparisons and thereby accentuate discrepancies between actual and ideal selves, or gaps between who an individual feels they are and who they would ideally like to be (Baumeister, 1991; Dittmar, 1992; Solomon, 2013). Such discrepancies generate dissatisfaction with current physical appearance and material possessions and bolster feelings of insecurity (Dittmar, 2011; Gollwitzer, Wicklund, & Hilton, 1982). In fact, some research has already shown that self-discrepancies mediate the impact of media exposure on well-being (Bond, 2015).

In addition, if media exposure does encourage the endorsement of CCIs as life values, negative impacts can be expected on the basis of self-determination theory (Kasser & Ryan, 1996; Ryan & Deci, 2000), which posits that the pursuit of extrinsic values concerned with image and wealth may be detrimental to well-being because this detracts from or undermines

intrinsic psychological needs for close relationships, self-acceptance, competence and autonomy. Advertising can be understood to habitually promote extrinsic values by making social status and positive social evaluation contingent on having certain brand-name products or particular physical attributes (Buijzen & Valkenburg, 2003; Pollay, 2000). In turn, such values may be linked to lower well-being because they thwart rather than satisfy basic psychological needs outlined above (Kasser, Ryan, Couchman, & Sheldon, 2004).

Consumer-focused coping

One salient feature about the world of advertising is how marketers present artificial commodities as solutions to a myriad of everyday personal and social problems (Solomon, 2013). This can potentially result in the assumption that material products have the ability to assuage negative emotionality and foster well-being (Dittmar, 2008). In this regard, it seems plausible that repetitive exposure to such messages encourages adults, and indeed children, to invest in CCIs as a form of coping mechanism to deal with underlying distress.

Indeed, some authors have suggested that extrinsic values focused on image and wealth originate in psychological and social insecurities (Arndt, Solomon, Kasser, & Sheldon, 2004; Dittmar, 2008). We argue that greater exposure to media, particularly commercial media rich in advertising, may encourage individuals to turn to materialistic and appearance-related pursuits as a strategy to reduce distress, and thereby increasingly begin to internalise CCIs as core life values.

There is good evidence that individuals may pursue CCIs in order to repair mood, given their promise to provide psychological and identity-related benefits, improve status, and enhance security and normative value (Elliot & Leonard, 2004; Garðarsdóttir & Dittmar, 2012; Isaksen & Roper, 2008). For example, a study by Chang and Arkin (2002) found that adults primed to feel uncertain were more likely to adopt materialistic values. There has also been work directly focused on the use of material purchases to regulate emotion and

improve mood (Kemp & Kopp, 2011; Verplanken & Sato, 2011). However, this kind of consumer-focused coping (CFC) has not been considered in the context of other coping strategies conventionally studied in the literature on emotion regulation, especially in a youth sample.

We propose that CFC strategies represent an avoidant form of coping, but also one that is conceptually distinct from other avoidant strategies. Theoretical approaches to coping (e.g., Roth & Cohen, 1986) differentiate strategies that are oriented toward sources of stress (e.g., problem-solving, or seeking support from others to deal with problems) from those that are oriented away from sources of stress (e.g., cognitive and behavioural distraction and avoidance). In general, the former are associated with adaptive functioning and well-being because actively engaging with problems and sources of distress, especially over time, helps people develop effective ways to manage difficult situations and emotions. In contrast, avoidant strategies are generally associated with poorer functioning and well-being because even though they may be effective in the short-term by taking one out of a stressful situation, or one's mind off a problem/negative feeling, they do little in the long term to develop skills of managing difficult situations and emotions effectively (for reviews, see Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Fields & Prinz, 1997).

Turning to materialistic and appearance-focused pursuits in response to distress clearly falls under the avoidant umbrella, insofar as it involves turning attention away from the situation eliciting the distress. Correspondingly, it is likely to be detrimental to long-term well-being because, as an avoidant coping strategy, it may – at best – have short-term positive effects in remediating distress, yet fail to address the cause of stressors. However, we believe that consumer-focused coping may have broader long-term negative effects on well-being, over and above other avoidance strategies. Specifically, unlike mere avoidance of, or distraction from emotion-eliciting situations, consumer-focused coping reinforces an

extrinsic value system (Kasser & Ryan, 1993), not only orienting the individual away from dealing with problems, but also orienting the individual *towards* image-related, extrinsic pursuits that detract from activities that are intrinsically valuable (Ryan & Deci, 2000).

We argue that the belief in the mood-repairing function of material possessions and appearance enhancement is likely to give rise to an increased prominence of CCIs as core life values.

Despite consistent evidence outlining negative associations between CCI endorsement and lower well-being (e.g., Dittmar et al., 2014), and the insights provided by both self-determination theory (Kasser & Ryan, 1996) and self-discrepancy theory (Higgins, 1987), the link between consumer-focused coping strategies and well-being has not been examined directly. In particular, there is a lack of consideration of how this may relate to coping in middle childhood, which is a highly relevant developmental period for the emergence of a wide range of coping strategies (Zimmer-Gembeck & Skinner, 2011). Indeed, it seems especially likely that children may utilise consumer-focused coping strategies in response to stress, as they are more susceptible to the unrealistic hedonic messages highlighted within advertising. While children aged 8-years or older may have the cognitive resources for distinguishing between media programme content and advertising (Wilcox et al., 2004), the social motivation for pursuing CCIs – as a route to improving social status – may be particularly high in middle childhood as children become: a) more capable of understanding the social symbolisms behind consumption (John, 1999; Valkenburg & Cantor, 2001; Kohlberg & Higgins, 1987; Valkenburg, 2000); and b) increasingly concerned with gaining peer group acceptance (Brown, Lohr, & McClenahan, 1986; Newman, Lohman, & Newman, 2007).

The Present Investigation

Across two studies we aimed to address the identified gaps in our understanding of whether children in middle childhood may come to turn to material possessions and appearance enhancement as ‘consumer-focused coping’ strategies, and whether this may act as a mechanism by which children come to internalise consumer culture values conveyed to them through television exposure. In Study 1, we add new items on such strategies to an existing instrument for measuring children’s coping, and evaluate the hypothesis that this variable relates to, and explains the link between, media exposure and well-being. In Study 2, we use a more fine-grained consideration of exposure to commercial (advertising-rich) and non-commercial television, and consider the valuing of CCIs as the mechanism linking CFC strategies with lower well-being.

Study 1

The primary focus of our initial study was to investigate the role of consumer-focused coping (CFC) strategies as a potential mediator of the link between media exposure and indicators of emotional well-being (loneliness, depression and life satisfaction). We expected that: 1) children more frequently exposed to media would be more likely to report lower well-being; and 2) that CFC strategies would mediate the association between media exposure and lower well-being. We included a new measure of CFC strategies – including items focused on thinking about or directly engaging with material consumption or enhancement of physical appearance – alongside other coping subscales studied in previous research (Wright, Banerjee, Hoek, Rieffe, & Novin, 2010) in order to establish the unique contribution of this variable in predicting well-being.

Method

Participants. The sample consisted of 109 school children (59.6% female) from three suburban primary schools in Sussex, UK. The children were aged between 9 and 11 years ($M = 9.80$, $SD = .72$). The schools were located in relatively affluent, ethnically homogenous

neighbourhoods where most pupils were White British and the proportion from ethnic minorities was reported to be below the national average. The proportion of pupils receiving free school meals was also below national average for all three schools. Following consent from head teachers of the participating schools, parents received information letters and agreed to their children's participation.

Measures. The children completed the following self-report questionnaires:

Children's coping strategies. We adapted and extended Wright et al.'s (2010) original measure of children's coping strategies, where children are asked to state what they usually do when feeling upset. The sub-scales fall within the domains of problem-solving (seven-items), social support (four-items), distraction (four-items), and trivialisation (six-items). Example items included: If I'm feeling upset... 'I try to think of different ways to solve the problem' (problem-solving), 'I get help from someone in my family' (social support), 'I do something else to help me forget about it' (distraction), and 'I will think it is no big deal' (trivialisation). Participants rated how often they would use each coping strategies on a 5-point scale from 1 ('Not at all') to 5 ('All the time'). The subscales from Wright et al. (2010) demonstrated satisfactory internal consistency, with α ranging from 0.65 to 0.87. In addition to these previously used items, we added ten new items designed to tap CFC strategies, including both materialistic-focused (five-items) and appearance-focused strategies (five-items). The items were developed based on responses from in-depth interviews with 8-15-year-old children (Wright, Dittmar, & Banerjee, 2011), where a common theme emerged around turning to material and appearance related objects and pursuits as a way of improving mood (e.g. "...you've got really cool shoes and that would probably make you feel better inside'. Example items included: If I'm feeling upset... 'I think about being rich' (materialistic-focused) and 'I dream about looking like a celebrity' (appearance-focused). We assessed the factor structure of these 10 new items using exploratory factor analysis

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(EFA). Nine out of the ten items formed a single factor explaining 56% of the variance, with one item removed because it was not relevant to all pupils ('I go out and spend my pocket money'). These nine CFC items were amalgamated to form the new subscale, consumer-focused coping (CFC), $\alpha = .92$. Mean scores were calculated for each child across all items within each of the 6 subscales.

Media Exposure. This measure was modified from Harrison and Hefner's (2006) paper, and captures amount of television and internet time children are exposed to daily, and how often they read magazines. Example questions included: 'How many hours of television do you usually watch on a typical school day?' and 'How many hours do you usually spend on the computer/internet on a typical weekend day?' For each question, children were asked to circle the number of hours/days they engaged with different types of media at four or five points in the day (e.g., "In the morning, before breakfast" For each of these points in the day, they were given four options ranging from '0-30 minutes' to '2 hours or more'. Responses were coded between 1 and 4, with higher scores indicating greater media exposure. Television viewing and internet usage responses were internally consistent across 9 time points on weekdays and weekends ($\alpha = .78$ for television and $.70$ for internet). Average scores were calculated for each child across the nine time points for television and for internet. Magazine exposure was measured with a single item with options range from 1 ('Never') to 4 ('Everyday').

Children's Depression Inventory short-form (CDI-s). This measure was taken from Kovacs (1992) and includes ten-items which assess children's mood and how they feel about themselves. Each item requires children to choose one of three response options, such as '(A) I am sad once in a while, (B) I am sad many times or (C) I am sad all the time'. Responses are coded from 1 to 3, with higher scores indicating the most negative choice. A mean score was calculated for each child across the items in the scale ($\alpha = .84$).

Loneliness. The Loneliness and Social Dissatisfaction Scale (Asher & Wheeler, 1985) was used. This includes 16 items assessing children's social involvement and feelings of loneliness at school, such as 'It's easy for me to make new friends at school' and 'There's no other kids I can go to when I need help in school'. Ratings were recorded on a 5-point scale from 1 ('That's not at all true about me') to 5 ('That's always true about me'), whereby higher scores indicate greater loneliness. Internal consistency was high ($\alpha = 0.91$), and mean scores were calculated across the 16 test items for each child.

Life satisfaction. This 7-item scale was adapted from Huebner (1991) and measures how children feel their life is going (e.g., 'My life is going well'). Two of the seven items measure positive and negative affect (e.g., 'In the last month I have felt happy/sad very often'). Ratings were recorded on a 4-point scale from 1 ('Disagree a lot') to 4 ('Agree a lot'), with higher scores indicating higher life satisfaction. Internal consistency was adequate ($\alpha = 0.67$) and average scores were calculated for each child across the seven items.

Procedure. All materials and procedures were approved in advance via the institutional ethics committee, and adhered to BPS and APA ethical guidelines. The children participated in one session in groups of four to five. Each participant was given a booklet of the three self-completion measures. A female researcher informed the children that the questionnaires were looking at topics such as how they cope when they are feeling upset, the amount of media they watch/read, and how they feel about themselves. Care was taken to ensure the children comprehended the nature of each measure and the corresponding rating system before proceeding, and verbal consent was obtained prior to each session. It was also emphasised to the children that they could withdraw from the study at any time, and skip over any questions that they did not wish to answer. The children then worked through the above measures at their own pace under the guidance of the researcher, who was on hand to offer

assistance. Upon completion, the children were rewarded with stickers to thank them for their participation, and given the opportunity to ask questions.

Results

Correlations between variables, means and standard deviations are presented in Table 1.

[Insert Table 1 here]

In line with expectations, CFC strategies demonstrated a negative relationship with life satisfaction, and a positive relationship with depression. However, the correlation between CFC and loneliness was non-significant. In addition, there were positive associations between television-viewing time and depression, and between television-viewing time and CFC coping. Regressions of each well-being indicator onto the various coping strategies confirmed that CFC strategies positively predicted loneliness and depression, and negatively predicted life satisfaction independently of the other coping subscales (Table 2). Internet usage and magazine reading were not associated with either CFC strategies or the indicators of well-being.

[Insert Table 2 here]

To test our hypothesis that CFC would mediate the link between media exposure and well-being, we ran mediation analyses to investigate indirect effects between each type of media exposure and each of our indicators of well-being using Hayes method (Hayes, 2009). Using 95% confidence intervals with bootstrapping based on 1000 samples, our analysis revealed a significant indirect effect of television viewing on depression via CFC strategies, $b = 0.029$, CIs [0.003, 0.082], as well as a significant negative indirect effect of television viewing on life satisfaction via CFC strategies, $b = -0.057$, CIs [-0.133, -0.003]. No other significant mediation effects were found.

[Insert Figure 1 here]

Discussion

Our results support the hypothesis that CFC strategies are associated both with greater television exposure and with lower well-being, and in fact explain the positive association between hours of television viewing and depressive symptoms. These effects were independent of other coping strategies studied in previous research, demonstrating that striving for materialistic and appearance-related ideals in response to negative emotions has a conceptually distinct role to play. It should be noted, however, that the indirect pathway linking media exposure and well-being was that between television viewing (not computer/internet usage or reading magazines) and depressive symptoms, via consumer-focused coping. On the one hand, most children did not report reading magazines frequently (88% of the sample reported either never reading magazines or doing so only on 'some days'), thus, exposure to advertising may have been limited. Similarly, whereas most television channels and programmes include adverts, offline general computer use may involve little or no exposure to adverts, and even online services such as Netflix do not run adverts. Thus, exposure to advertising in magazines and from computer usage, at least for this age group, may be significantly lower than it is for television viewing.

Study 2

At least two further gaps in knowledge can now be addressed. First, our measure of TV viewing, did not distinguish between the content of what children were viewing. Our expectation, based on previous work, is that commercial content rich in advertising, but not non-commercial content (public service) would foster an orientation to material products and physical appearance in order to achieve happiness (Ashikali & Dittmar, 2012; Oprea, Buijzen, van Reijmersdal, & Valkenburg, 2014). A second gap concerns the mechanism that links CFC strategies with depressive symptoms. We know already that the internalisation of

CCIs is linked to lower well-being in children (Easterbrook et al., 2014), possibly because orienting to extrinsic values detracts from a more intrinsically valuable emphasis on self-actualisation and relationships with others (Easterbrook et al., 2014; Ryan & Deci, 2000). Putting these two gaps together, we believe there is a need to test the role of CFC strategies in the previously observed link between advertising exposure and CCIs (Oprea, Buijzen, & Valkenburg, 2012; Oprea, Buijzen, van Reijmersdal, & Valkenburg, 2014), as well as the role of those CCIs in explaining the link found in Study 1 between CFC strategies and lower well-being.

The present study was designed to replicate and extend the findings from Study 1. We propose that: a) exposure to commercial television would predict a greater likelihood of orienting to consumer culture in order to remediate negative feelings or distress; b) these CFC strategies would in turn predict greater internalisation of materialistic and appearance-related ideals; and c) this internalisation of CCIs would predict lower well-being.

We also took the opportunity in this study, with a larger sample, to explicitly test our assumption that material and physical appearance domains are inter-related, and that CFC strategies and ideals related to these domains are manifestations of common ‘consumer culture’ latent variables. Our expectations were in line with the theoretical and empirical justifications provided by Dittmar’s (2008) consumer culture impact model and by Easterbrook et al.’s (2014) investigation, which found that items relating to physical appearance and material domains indeed loaded onto common latent factors, both for the valuing of CCIs and for the motives that give rise to such values. Specifically, we expected that material-focused and appearance-focused CFC strategies would load onto a single CFC factor, with a similar pattern for materialistic and appearance-related CCIs. In order to provide a multi-faceted perspective on well-being, we included measures not just of

depression but also of body esteem. Again, we expected that both would reflect an underlying construct of well-being. However, we recognised that over and above these commonalities, there might be some additional domain-specific correspondences between coping strategies, internationalisation of ideals, and aspects of well-being. For example, Easterbrook et al. (2014) showed that appearance ideals, in comparison with materialism, had particularly strong associations with body esteem.

Method

Participants. The sample consisted of 380 primary school children (49% female) from three suburban schools in Sussex, UK. The children were aged between 9 and 11 years ($M = 10.3$, $SD = .64$). In two of the schools, the proportion of children from minority ethnic heritages was reported to be below the national average, and in one school, the proportion of children from minority ethnic heritages was reported to be above the national average (31.4%). The proportion of pupils eligible for additional funding (pupil premium) was around the national average for one school, and above the national average for the other two schools. Following consent from head teachers of the participating schools, parents were provided with information letters and given the opportunity to withdraw their children from participation in the study. Of the 416 children invited to take part, 36 children were either not in on the day of data collection, or were not given parental consent to take part.

Measures. Measures of children's CFC strategies, depression and television exposure from Study 1 were included here, all $\alpha > .83$. Note that with our larger sample, we were able to evaluate the factor structure of the whole coping scale, including the CFC items. As shown in the Appendix, our exploratory factor analysis with varimax rotation revealed that the CFC items loaded onto a single distinct factor. We therefore specified a single latent variable for CFC in our main modelling analysis. However, in order to extract maximum value from our analysis, we constructed indicator variables composed of material and appearance-related

items in the CFC scale in order to test our assumption that these are manifestations of an underpinning latent variable, while allowing the possibility that domain-specific links with consumer culture ideals and aspects of well-being could also be identified.

In addition to the measures from Study 1, a more detailed measure of exposure to different commercial/non-commercial television channels and commercial programmes was included in Study 2, along with measures of consumer culture ideals and body-dissatisfaction.

Television channels. In addition to the Study 1 measure of television exposure, a more detailed scale listed the following television channels identified as most popular among 9- to 11-year-olds (Disney, Nickelodeon, ITV, CITV, BBC1, CBBC, Channel 4, Boomerang, Cartoon network, and MTV). Note that all except BBC1 and CBBC are commercial channels with advertising. Children were asked to respond to the question ‘How often do you watch the following channels?’ on a 4-point Likert scale (1 = *Never*, 4 = *Everyday*). Two separate scales were created by summing the scores for the two non-commercial channels and for the commercial channels.

Commercial programmes. To obtain an approximation of children’s exposure to advertising, we created a list of the most popular commercial programmes watched by 9- to 11-year-olds. This data was based on 2014 viewing figures from the Broadcasters Audience Research Board¹ (BARB) and included the programmes listed in Table 4. On a 4-point Likert-scale (1 = *Never*, 4 = *Always*), children were required to respond to the question for each program ‘When they are on, how much do you watch the following television programmes?’

Body Esteem Scale. An adapted version of Mendelson, Mendelson, and White’s (2001) Body Esteem Scale was used as a body-related measure of well-being. Respondents used a 4-point response scale to indicate to what extent each of 11 statements regarding feelings about their body and appearance are true for them (e.g., ‘*The way I look upsets me*’).

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Responses were scored on a 4-point scale, from 1 ('Not at all true') to 4 ('Very true'). Mean scores were calculated for each child across all items ($\alpha = .91$), with higher scores indicating more positive body esteem.

Consumer Culture Ideals. As materialistic and body-perfect images are often portrayed simultaneously in the media and have been linked psychologically (Ashikali & Dittmar, 2012), we used two existing scales to assess the extent to which respondents internalised both appearance and materialistic ideals. To assess the internalisation of appearance ideals we used a shortened version of the Internalization-General subscale based on Thompson and colleagues' (2004) SATAQ-3. This included seven statements regarding orientation to physical appearance (e.g., 'I often compare my body to people in magazines and on TV'). To assess internalisation of materialistic ideals, we used a shortened version of the Materialistic Values Scale (Richins & Dawson, 1992). The scale consisted of six items from the original scale (e.g., 'It is important to own expensive things'), which have been shown to correlate highly with the original 18-item scale (Oprea, Buijzen, van Reijmersdal & Valkenburg, 2011). Respondents were asked to indicate the extent to which they agreed or disagreed with each statement (1 = Disagree a lot, 4 = Agree a lot). Mean scores across the items for material and appearance ideals were calculated separately for each child, $\alpha = .82$ and $.84$ respectively.

Procedure. All materials and procedures were approved in advance via the institutional ethics committee and adhered to BPS and APA ethical guidelines. The children participated in one session in groups of four to five. Each participant was given a booklet of the six self-completion measures. A female researcher informed the children that the questionnaires were looking at topics such as how they cope when they are feeling upset, the amount of television they watch and what they enjoy watching, and how they feel about

themselves and the way that they look. Standard protocol was adhered to regarding the children's consent and comprehension of measures before proceeding, as with Study 1.

Results

Table 3 shows correlations among the key variables in our analysis.

[Insert Table 3 here]

These reveal expected associations between television viewing, CFC strategies, and well-being. Our main analyses tested the hypotheses in stages using structural equation modelling in Mplus version 6 (Múthen & Múthen, 1998-2010). We first ran a measurement model with three covarying factors each with two indicators. A CFC factor was indicated by the means of the appearance focus subscale and the materialistic focus subscale; a CCI factor was indicated by the means of the appearance subscale and the materialism subscale; and a well-being factor was indicated by the means of the body esteem and depression scales. After we followed the modification indices and added a covariance between appearance ideals and body esteem, and between materialism ideals and material-focused coping, the model had acceptable fit indices according to Kline's (2005) criteria: $\chi^2(4) = 13.98$, $p = .007$, CFI = .99, RMSEA = .08, SRMR = .03¹; with all indicators loading on their respective factors with standardized loadings > .30.

We then specified our structural model by including: TV hours, commercial channels and BBC as exogenous predictors of CFC strategies; a pathway from CFC strategies to CCI; and a pathway from CCI to well-being. We also included age, gender, and school as covariates. In order to improve the fit of this initial model, we followed the modification indices and added covariances between gender and appearance ideals, gender and materialistic coping, and materialistic ideals and depression. To provide a robust test of the

¹ Although the Chi-Squared test was significant -- which can indicate poor model fit -- these tests are overly sensitive to sample size variations (Kaplan, 2009), so we follow the latest advice and only base our conclusions about model fit on the other fit indices we report.

indirect effects, we also specified all the direct effects in the model, including paths from our exogenous variables to the consumer culture ideals and wellbeing factors, and from the consumer coping factor to the well-being factor. The model had good fit indices according to Kline's (2005) criteria: $\chi^2(22) = 45.98$, $p = .002$, CFI = .97, RMSEA = .05, SRMR = .03.

[Insert Figure 2 here]

As shown in Figure 2, and in line with our expectations, the more time children reported watching TV, the more they reported engaging in CFC strategies, and CFC strategies were also found to be higher among children who reported watching commercial TV channels in particular; the same predictive effect was not found for watching non-commercial BBC television. CFC strategies, in turn, positively predicted the endorsement of CCIs, which negatively predicted well-being. Surprisingly, there was a significantly positive direct effect of engaging in CFC strategies on well-being once consumer culture ideals have been accounted for. However, we found a significant negative indirect effect from TV hours to well-being via CFC strategies and CCIs ($\beta = -0.10$, $p = .042$), and from watching commercial channels to well-being via CFC strategies and CCIs ($\beta = -0.12$, $p = .017$), as well as a somewhat weaker indirect positive effect of commercial channels on well-being via CFC strategies once CCIs had been taken into account ($\beta = 0.08$, $p = .038$).

Exploratory correlational analyses were conducted to examine associations between consumer-focused coping, and the ten most popular programmes watched by 9- to 11-old children on the commercial channels (see Table 4). Reported viewing of six of these programmes was significantly associated with greater consumer-focused coping (all $ps < .05$). It is notable that of these six programmes, the first four are not specifically targeted at a child audience.

[Insert Table 4 here]

Discussion

Study 2 extends the findings from Study 1 by suggesting that children exposed to a greater amount of television, and children who frequently watch commercial television, are more likely to utilise CFC strategies, and that these in turn predict lower well-being via the internalisation of material and appearance-focused ideals. Interestingly, although we did find some evidence for domain-specificity – with materialistic CFC strategies related to the internalisation of materialistic ideals and appearance ideals related to body esteem – our measurement model revealed that material and appearance domains do indeed have a common underpinning. This had already been identified with respect to the internalisation of CCIs (Easterbrook et al., 2014), but we now have additional evidence that one latent factor explains the tendency to turn to material products and appearance as coping strategies.

General Discussion

Children who are regularly exposed to the media – particularly television rich in advertising – are more likely to use consumer-focused coping strategies, and in turn, are more inclined to endorse consumer culture ideals and exhibit lower levels of well-being. The present findings offer important first corroboration of our hypothesis that media exposure (specifically to commercialised content) is connected with lower well-being in youth samples via a tendency to regulate negative emotions through engaging with consumer culture.

The Role of Consumer-Focused Coping in Media Effects

Previous research has suggested that exposure to media serves as a key social-contextual reinforcer of CCIs, as materialistic and appearance-related attributes are prominently associated in advertising with joy, happiness, and positive life outcomes (Dittmar, 2008; Richins, 1991, 1995; Solomon, 2013). It is not surprising, then, that people orient to CCIs in an attempt to cope with adversity (Ardnt et al., 2004; Kasser et al., 1995). Indeed, advertisements incorporate an array of persuasive techniques which cultivate the impression that materialistic commodities are able to provide relief from distress (Kasser,

2006). The present findings, with a young sample of 9- to 11-year-olds, suggest that these messages may be readily accepted by impressionable children. This may be so especially during the ‘analytical’ stage of development within preadolescence, whereby the ability to understand social symbolism behind such commercials also comes into play (John, 1999; Kohlberg & Higgins, 1987). Indeed, from the age of eight, children have been shown to desire materialistic goods for the perceived psychological benefits that they bring, not for the sake of possession alone (John, 1999). Thus, even though the APA Task Force on Advertising and Children (Wilcox et al., 2004) focused especially on the limited capacity of under-8s to distinguish between advertising and core television content, we believe that the greater awareness of the symbolic significance of advertised products in older children may, ironically, amplify the problematic transmission of extrinsic values by media.

The results from our second study add specific weight to this interpretation. Specifically, orienting to consumer culture as a coping strategy had an indirect on low well-being, whereby the consolidation of coping patterns into materialistic and appearance-related value orientations served as the key mediating mechanism. In line with our hypothesis and with the tenets of self-determination theory (Kasser & Ryan, 1996; Ryan & Deci, 2000), utilisation of consumer-focused coping strategies predicted higher endorsement of materialistic and appearance-related ideals as key life values, which in turn predicted lower well-being. The encouragement from commercial media exposure to turn to extrinsic sources of comfort (image, money or possessions) when distressed, therefore, could involve much more than simply offering respite from negative emotions. Rather, we suggest that the tendency to orient to consumer culture in response to emotional problems can play a prominent role in shaping children’s value systems.

There is some existing evidence in support of this speculative interpretation. Research on value development indicates that children learn a great deal about important

values through socialisation experiences involving responses to difficult or problematic situations. For example, parental instructions and discipline strategies are frequently deployed when children encounter problems (e.g., conflicts with family members or other events that trigger negative feelings), and these parent behaviours can in turn encourage the internalisation of key sociocultural values (e.g., helping others who are in other distress; Grusec, 2011; Williamson, Donohue, & Tully, 2013). Grusec, Goodnow, and Kuczynski (2000) pointed to the way in which parents may use social problems such as racial discrimination as an opportunity to transmit sociocultural values and traditions (e.g., Hughes & Chen, 1997). Similarly, parents may draw attention to particular evaluative judgements following problematic child behaviour and in doing so communicate values relating to interdependence and social conformity (e.g., Fung's, 1999, account of how parents of children in Hong Kong could instil shame-related values through talking about how other people would react to children's behaviour). In other words, responses to social problems offer a powerful opportunity to transmit and reinforce messages about what is important in life. We argue that social values may be similarly reinforced in times of distress by highly prominent messages in the media about how the 'right' appearance and material possession can lead to happiness. Unfortunately, because these messages and values essentially highlight superficial and short-term 'solutions', rather than intrinsically valuable problem-solving and self-development, they are associated with poorer rather than improved well-being, as shown in both studies reported here.

Our results indicate that this transmission of extrinsic values may be a key factor regarding the negative correlates of consumer-focused coping observed in both studies. Indeed, after controlling for this mediating mechanism, Study 2 revealed a *positive* relationship between this coping strategy and well-being, possibly indicative of the potential short-term mood repair that may arise from engaging with consumer culture, once the effect

of internalising CCIs has been partialled out. Yet, across both studies, the total effect of consumer-focused coping on indices of well-being was consistently negative (as shown in the pattern of zero-order correlations), and this underscores the importance of the identified indirect pathway involving extrinsic values transmission. This fits neatly with evidence that valuing consumer culture ideals is associated with lower well-being in children, as well as adults (Dittmar et al, 2014; Easterbrook et al., 2014).

Overall, these findings extend our understanding of how media exposure might affect children, as expressed in Valkenburg and her colleagues' theoretical model (Valkenburg & Peter, 2013; Valkenburg, Peter, & Walther, 2016), which highlights the roles played by multiple mediating and moderating factors in media effects. In particular, Valkenburg et al. (2016) highlight the way in which attitudes and beliefs arising from media exposure can mediate effects on other post-exposure variables. We believe that our observed indirect pathway to lower well-being via consumer-focused coping patterns and associated value offers a strong example of this kind of mediational account of media effects.

Limitations and Directions for Further Research

As with all single time point, correlational research, the causal links between variables in the present analysis remain unclear. It seems plausible that the association between consumer coping, CCIs and well-being is reciprocal in nature, and may possibly lead to a downward negative spiral (Agnew, 1997; Dittmar, 2008; Kasser, 2002). However, further longitudinal and experimental work would provide valuable opportunities to investigate the effects of high media exposure, consumer-focused coping, and CCIs on children's wellbeing and social development over time. For example, experimental designs involving allocation of children to different media exposure conditions (e.g., consumerist primes such as commercial adverts) would be valuable, at least for evaluating immediate/temporary impacts on children's coping strategies, values, and behaviours.

Other methodological limitations that need to be addressed in future work concern the present investigation's reliance on self-report. The accuracy of children's report of time spent watching television cannot be assured, although other studies have shown that such self-reports are valid (Bissell & Hays, 2011; Harrison & Hefner, 2006; Inoue, Yorifuji, Sanada, Doi, & Kawachi, 2016). Multi-informant and observational data would be useful for developing a more comprehensive measure of how children engage with materialistic and appearance-related ideals when distressed. We must also acknowledge that while exposure to commercial TV channels is an indicator of exposure to advertising, this is a somewhat imprecise measure, and that differences in the nature of commercial vs. non-commercial TV (e.g. differences in amount of reality TV shown) regardless of advertising may influence children's orientation to extrinsic values and coping strategies.

Further research could examine additional mediating and moderating variables, elucidated in Valkenburg and Peter's (2013) differential susceptibility model that may shed light on factors that make children more or less vulnerable to the effects of media messages. For example, children who experience greater discrepancies within their identity may be more likely to turn to CCIs as a way of coping. There is already evidence from experimental work with adults showing that exposure to adverts can elicit identity discrepancies, which in turn predict materialistic values (Moschis & Moore, 1982) and body anxiety (Ashikali, Dittmar, & Ayers, 2015; Hatoum & Belle, 2004; Grabe et al., 2008). Based on the present results, future research could not only assess the extent to which such patterns can be found in children, but also evaluate the innovative hypothesis that these effects of self-discrepancies on values and well-being occur via consumer-focused coping strategies.

Finally, a possible moderating mechanism is the quality of the children's social relationships. For example, research has illustrated that those rejected by their peers often hold stronger values pertaining to CCIs, as they feel greater pressure to confirm (e.g.

Banerjee & Dittmar, 2008). In this essence, the endorsement of CCIs may be an attempt on behalf of the rejected peer to feel more affiliated. Indeed, recently submitted longitudinal work by Banerjee and colleagues has demonstrated that children associate materialistic and appearance-related attributes with peers who are perceived to be popular, and that, correspondingly, peer-rejected children increasingly highlight social status motivations for pursuing consumer culture ideals. Thus, youths appear to draw upon positive social symbolisms highlighted within the media in order to improve their status (e.g. Chia, 2010; Elliot & Leonard, 2004; Isaksen & Roper, 2008), and these peer processes may play a primary role in heightening consumer-focused coping strategies when children are distressed, particularly if that distress relates in some way to social status.

Conclusions

To our knowledge, our results are the first to show that frequent exposure to commercial material on television is associated with an increased likelihood of focusing on consumer culture as a coping strategy when distressed. Furthermore, our investigations reveal that such consumer-focused coping predicts lower well-being in children, but only when these strategies become internalised into one's value systems.

Our results, in line with the existing literature, suggest that pursuing such consumer culture ideals does not constitute an adaptive coping response, and in fact is associated with lower rather than improved well-being. This framing of children's consumer behaviour may therefore be an important ingredient in interventions designed to promote greater media literacy and critical understanding of advertising (e.g., Kasser, 2014), as well as in interventions designed to support children's understanding of peer dynamics (e.g., Farmer, Farmer, & Gut, 1999; Vaillancourt, Hymel, & McDougall, 2003). Further research that builds on the present work to elucidate the early emergence and development of consumer-focused coping behaviours will be crucial for informing the design of such interventions.

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MEDIA EXPOSURE, CONSUMER COPING AND WELL-BEING

Table 1

Correlations and Descriptive Statistics for All Variables (Study 1).

Variable	1	2	3	4	5	6	7	8	9	10	11	M	SD
1. Problem-solving	-	.47**	.28**	-.41**	-.51**	-.03	-.05	.09	-.07	-.06	-.03	3.07	0.75
2. Social support		-	.15	.28**	.30**	-.09	.01	.06	-.07	.10	-.12	3.33	1.00
3. Trivialization			-	.48**	.06	.14	.08	-.14	-.22*	.21*	-.16	2.71	0.82
4. Distraction				-	.23*	.09	-.07	.10	-.08	.10	-.02	3.28	0.86
5. Consumer-focused					-	.21*	.03	.01	.16	-.30**	.30**	2.19	1.08
6. TV hours						-	.29**	.02	.00	-.15	.31**	1.68	0.54
7. Internet usage							-	.26**	.04	-.09	.10	1.42	0.48
8. Magazine								-	.04	-.16	.09	1.80	0.72
9. Loneliness									-	-.43**	.53**	2.05	0.73
10. Life Satisfaction										-	-.53**	3.21	0.50
11. Depression											-	1.26	0.30

* $p < .05$, ** $p < .01$

MEDIA EXPOSURE, CONSUMER COPING AND WELL-BEING

Table 2

Multiple Regression Analyses of Coping Strategies as Predictors of Loneliness, Life Satisfaction, and Depression (Study 1). SE B

	<i>Loneliness</i>			<i>Life Satisfaction</i>			<i>Depression</i>		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
CFC	.16	.08	.24*	-.17	.05	-.36**	.12	.03	.43**
Problem Solving	-.11	.12	-.12	-.02	.08	-.04	-.06	.05	-.16
Social Support	-.05	.08	-.07	.10	.05	.19 ⁺	-.05	.03	-.16
Trivialization	-.18	.10	-.21 ⁺	.12	.06	.19 ⁺	.05	.04	-.15
Distraction	.03	.10	.03	.03	.07	.05	.02	.04	.07
<i>R</i> ²		.09 ⁺			.18**			.18**	

Note. CFC = consumer-focused coping ⁺*p* < .10, **p* < .05, ***p* < .01

MEDIA EXPOSURE, CONSUMER COPING AND WELL-BEING

Table 3

Correlations and Descriptive Statistics for Television Exposure, Consumer-Focused Coping (CFC), Consumer Culture Ideals (CCI), and Well-being.

Variable	1	2	3	4	5	6	7	M	SD
1. TV Hours	-	.34**	.14**	.23**	.19**	.16**	-.05	1.85	0.63
2. Commercial TV		-	.27**	.23*	.16**	.14*	-.08	1.83	0.46
3. BBC			-	.04	.03	.05	.01	2.00	0.74
4. CFC				-	.57**	.20**	-.19**	2.05	0.76
5. CCI					-	.35**	-.44**	1.76	0.56
6. Depression						-	-.63**	1.32	0.35
7. Body Esteem							-	3.02	0.71

Note. CFC = consumer-focused coping; CCI = Consumer Culture Ideals * $p < .05$, ** $p < .01$

MEDIA EXPOSURE, CONSUMER COPING AND WELL-BEING

Table 4

Correlations between Consumer-Focused Coping (CFC) and Specific Programme Viewing.

Variable	1	2	3	4	5	6	7	8	9	10	11	M	SD
1. CFC	-	.20**	.26**	.24**	.04	.09 ⁺	.11*	-.02	.19**	-.01	.20**	2.05	0.76
2. BGT		-	.71**	.52**	-.03	.21**	.16*	-.09	.09	.02	.08	2.71	1.06
3. X-Factor			-	.43**	-.02	.29**	.25**	-.05	.12*	-.07	.13*	2.44	1.13
4. I'm A Celeb				-	.05	.23**	.19**	-.07	.09	.08	.19**	2.61	1.25
5. SpongeBob					-	.10 ⁺	.13**	.23**	.35**	.21**	.18**	1.84	1.00
6. Good Luck Charlie						-	.59**	.05	.17**	.01	-.02	1.90	1.12
7. iCarly							-	.03	.15**	.07	.05	1.78	1.04
8. Ben10								-	.23**	.21**	.03	1.15	0.47
9. Mr Bean									-	.29**	.16**	1.94	0.98
10. Gumball										-	.25**	1.96	1.23
11. The Simpsons											-	2.95	1.04

Note. CFC = consumer-focused coping; CCI = Consumer Culture Ideals ⁺ $p < .05$, * $p < .05$, ** p

MEDIA EXPOSURE, CONSUMER COPING AND WELL-BEING

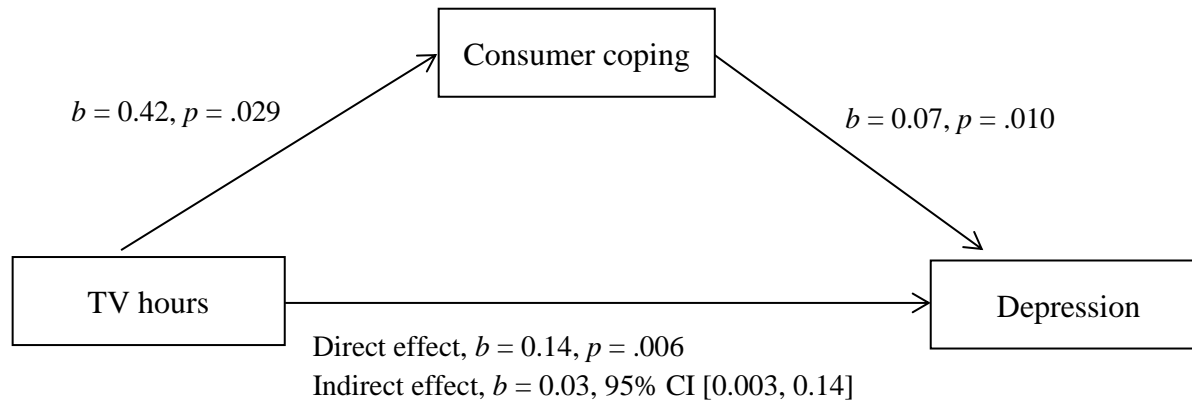


Fig 1. Television hours as a predictor of depression, mediated by consumer-focused coping strategies.

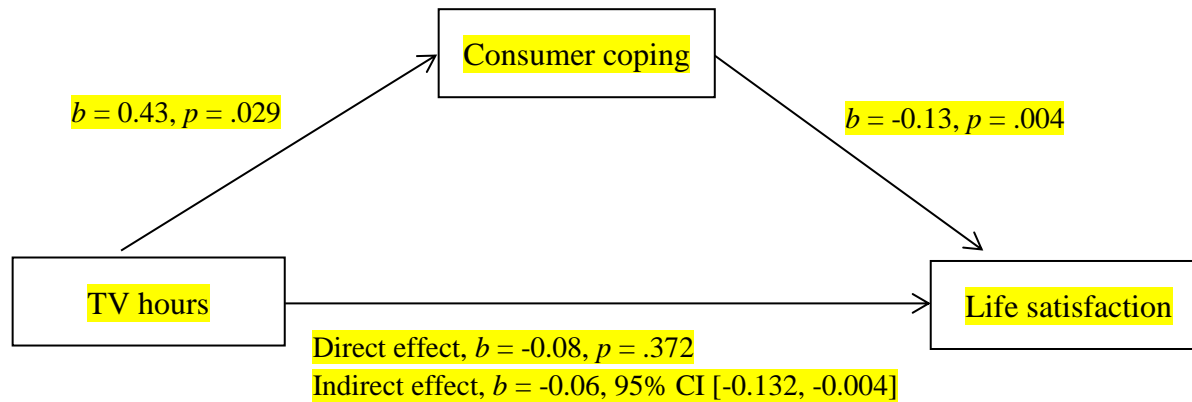


Fig 2. Television hours as a predictor of life satisfaction, mediated by consumer-focused coping strategies.

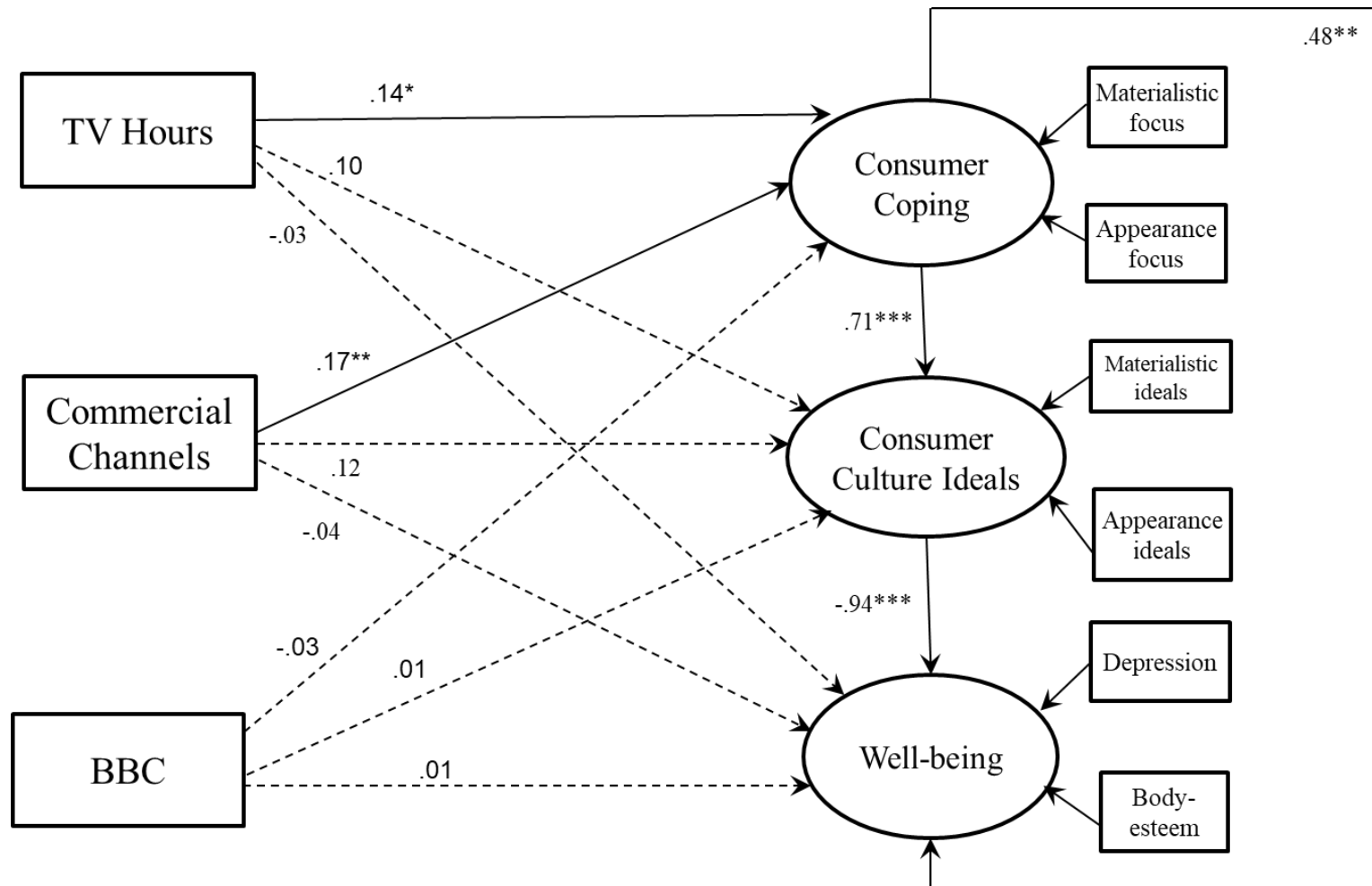


Fig 3. Model for the effects of TV hours, commercial channel viewing, BBC viewing, consumer-focused coping, and consumer culture ideals on well-being. Standardised coefficients shown. Non-significant effects are represented by dotted arrows. Covariances are not shown.

* $p < .05$, ** $p < .01$, *** $p < .001$

Appendix. Factor analysis on coping scale

Factor loadings for each coping item on the self-report coping scale for children (SRCS-C) including newly added consumer-focused coping items (n = 380).

Items	Factor Loadings				
	1	2	3	4	5
<i>Consumer-focused coping: ($\alpha = .82$)</i>					
I buy fashionable clothes that I know will make me look good	.77				
I ask my parents to buy me clothes that would make me look better	.74				
I think about earning lots of money when I grow up	.67				
I go on the internet to look at things I want	.65				
I spend time making myself look better	.65				
I dream about looking like a celebrity	.64				
I ask my parents to buy me something new to make me feel better	.60				
I look at magazines or on the internet to see how I could look better	.56				
I think about being rich	.55				
<i>Trivialising: ($\alpha = .75$)</i>					
I will think it is no big deal		.74			
I tell myself that the problem is not very important		.73			
I tell myself it doesn't matter		.70			
I ignore the problem		.64			
I forget the whole thing		.59			
I think it is not such a big problem		.53			
<i>Problem-solving: ($\alpha = .73$)</i>					
I do something to change the situation.			.67		
I go over in my mind what to do or say			.62		
I find a way to solve the problem			.60		
I change something so things will work out			.59		
I try to think of different ways to solve the problem			.56		
I make a plan of what I am going to do			.53		
I do something to make up for it			.46		
<i>Social support seeking: ($\alpha = .76$)</i>					
I get help from someone in my family.				.77	
I ask someone in my family for advice.				.75	
I tell a friend or family member what happened.				.74	
I talk to somebody about how it made me feel.				.69	
<i>Distraction: ($\alpha = .65$)</i>					
I watch TV or read a book so I can think about something else				.72	
I do something else to help me forget about it				.71	
I find lots of other things to think about				.61	
I keep myself busy with other things so I don't worry about the problem				.40	

Note. Principal-components analysis with varimax rotation was used with extraction based on 5 factors. The distraction item 'I keep myself busy with other things so I don't worry about the problem' also loaded on the trivialising subscale, but was a better conceptual fit on the distraction subscale.